

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	Request JL	925 987	03-02-01 5-16-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 -+ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	Original
1	✓ ✓ ✓
2	✓ -
3	✓ ✓ ✓
4	0 -
5	0 -
6	✓ ✓
7	0 -
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	✓ ✓
12	0 -
13	0 -
14	✓ ✓
15	0 =
16	✓ ✓
17	✓ ✓
18	✓ ✓
19	✓ ✓
20	0 -
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22	✓ ✓
23	0 =
24	✓ ✓
25	✓ ✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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